

Application Data Sheet

Application Information

Application Number::

Filing Date::

Application Type:: **US National Phase**

Subject Matter:: **Utility**

Suggested Classification::

Suggested Group Art Unit::

Title:: **METHOD FOR TRANSMITTING ADDITIONAL
INFORMATION BY COMPRESSION OF THE
HEADER**

Attorney Docket Number:: **4590-473**

Request for Early Publication::

Request for Non-Publication::

Suggested Drawing Figure::

Total Drawing Sheets:: **10**

Applicant Information

Applicant Authority Type:: **Inventor**

Primary Citizenship Country:: **France**

Status:: **Full Capacity**

Given Name:: **Catherine**

Middle Name::

Family Name:: **LAMY**

Name Suffix::

City of Residence:: **Paris**

State or Province of Residence::

Country of Residence:: **France**

Street of Mailing Address:: **147, rue de Bercy**

City of Mailing Address:: **Paris**

Postal or Zip Code:: **75012**

Applicant Authority Type:: **Inventor**
Primary Citizenship Country:: **France**
Status:: **Full Capacity**
Given Name:: **Pierre**
Middle Name::
Family Name:: **VILA**
Name Suffix::
City of Residence:: **Rueil-Malmaison**
State or Province of Residence::
Country of Residence:: **France**
Street of Mailing Address:: **10, boulevard du Maréchal Joffre**
City of Mailing Address:: **Rueil-Malmaison**
Postal or Zip Code:: **92500**

Correspondence Information

Correspondence Customer No:: **33308**
Phone Number:: **(703) 684-1111**
Fax Number:: **(703) 518-5499**
E-Mail Address:: **docketing@ipfirm.com**

Representative Information

Representative Customer Number::
Representative Designation:: Registration Number:: Representative Name::
Primary **37,093** *Kenneth M. Berner*
Primary or Associate

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FR	03 08235	July 4, 2003	Yes
FR	03 09553	August 1, 2003	Yes
	PCT/EP2004/051311	June 30, 2004	Yes

Assignee Information

Assignee Name:: **THALES**
Street of Mailing Address:: **45, rue de Villiers**
City of Mailing Address:: **Neuilly Sur Seine**
State of Mailing Address::
Country of Mailing Address:: **France**
Postal or Zip Code:: **92520**